

C O V E R

S H E E T

FAX

To: Examiner Pares Patel

Fax #: (703) 872-9318
Subject: Serial No. 09/853,856
Date: August 22, 2003
Pages: 4, including this cover sheet.

COMMENTS:

Examiner Patel:

Attached is copy of the Transmittal Form and Power of Attorney for the above-referenced matter.

We are scheduled for an Examiner telephonic interview on Wednesday, August 27, 2003, at 10:00 a.m. Mountain Standard time. I will initiate the telephone call.

Dennis F. Armijo, Esq.

From the desk of...

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PTO/SB/21 (08-01)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/853,856
Filing Date	5/10/2001
First Named Inventor	Brian D. Butler
Group Art Unit	2829
Examiner Name	Pareesh H. Patel.
Total Number of Pages in This Submission	2524±03
Attorney Docket Number	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks This communication is being transmitted via facsimile to Examiner Pareesh H. Patel at fax number (703) 872-9318

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Dennis F. Armijo, Esq.
DENNIS F. ARMILLO, P.C.

Signature

Date

August 22, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____

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